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First review and appraisal of the Madrid International Plan of Action on Ageing: preliminary assessment

Report of the Secretary-General

Summary

Prepared in response to Commission for Social Development resolution 45/1, the present report provides a preliminary assessment of the first review and appraisal of the Madrid International Plan of Action on Ageing. Apart from having a regional dimension, the review focuses in particular on ageing-specific policies, on efforts to mainstream ageing concerns and on a participatory bottom-up evaluation of the implementation of the Madrid Plan of Action. In addition, salient trends and responses to challenges and opportunities of ageing are described and analysed.

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I. Introduction

1. In its resolution 45/1, the Commission for Social Development requested the Secretary-General to submit to it, at its forty-sixth session, a report that included the analysis of preliminary conclusions of the first review and appraisal exercise of the Madrid International Plan of Action on Ageing, 2002[1] along with the identification of prevalent and emerging issues and related policy options. The present report has been prepared in response to that request.

2. Since the Second World Assembly on Ageing, Governments have introduced a wide range of policies and programmes aimed at addressing various challenges stemming from population ageing. The present report is based on submissions received from regional commissions of the United Nations as well as other information available to the Secretariat. A particular focus of the report is placed on ageing-specific policies, ageing-mainstreaming efforts and use of a participatory bottom-up methodology in the review and appraisal of the Madrid Plan of Action. The report also highlights recent developments in some key areas such as income security, the continuum of caregiving, human resource development in health care, importance of the age-related research-policy nexus, and the vital role of an age-friendly environment. The selected issues presented in the report are not intended to reflect any national, regional or global priority, and the examples of policies and programmes in different countries and regions are provided for illustrative purposes only. The final section, entitled "Planning for the future", contains conclusions and recommendations for further implementation of the Madrid Plan.

3. Owing to the fact that the present report is being published before regional review and appraisal processes of the Madrid Plan of Action are completed, the information presented below is inevitably of a preliminary nature. The presented findings should be viewed in conjunction with the note by the Secretary-General on regional implementation of the Madrid International Plan of Action on Ageing, 2002 (E/CN.5/2008/2), prepared by the regional commissions, which provides regional perspectives on the activities related to the implementation of the Madrid Plan and underlines key challenges in the regions.

II. First review and appraisal of the Madrid Plan of Action: the process and preliminary results

4. The Madrid Plan of Action contains a provision that review and appraisal should be considered an essential part of the implementation process. The Commission for Social Development, as the body responsible for the follow-up activities in the context of the Plan was assigned to decide on the modalities of the review and appraisal.

5. The Economic and Social Council, in its resolution 2003/14, invited Governments, the United Nations system and civil society to participate in a bottom-up approach to the review and appraisal of the Madrid Plan of Action. The Commission for Social Development, in its resolution 42/1, decided to undertake the review and appraisal every five years. It its resolution 44/1, the Commission

[1] *Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002* (United Nations publication, Sales No. E.02.IV.4), chap. I resolution 1, annex II.

endorsed the calendar for the first cycle of the review and appraisal and determined its global theme, "Addressing the challenges and opportunities of ageing". The first cycle of the review and appraisal was launched at the forty-fifth session of the Commission in 2007 and is scheduled to be concluded at its forty-sixth session in 2008. In the context of this exercise, the regional commissions were requested to identify appropriate modalities for conducting the regional review and appraisal and to convene regional activities and events during 2006-2007. The regional commissions were invited to forward the outcomes of their meetings and conferences to the Commission for Social Development at its forty-sixth session.

6. The Economic and Social Commission for Asia and the Pacific (ESCAP) organized the High-level Meeting on the Regional Review of the Madrid International Plan of Action on Ageing from 9 to 11 October 2007, in Macao, China. Within the framework of the Madrid Plan, the meeting paid particular attention to the priority areas of concern that were identified in preceding meetings of expert groups.

7. The report of the ESCAP High-level Meeting (ESID/HLM-MIPAA/INF.2) contains country assessments, which demonstrate that a gradual change in policies and programme approaches has occurred since the Second World Assembly on Ageing reflecting greater fiscal sensitivity in the allocation of public resources to meet the increasing needs of older persons. In the face of growing social security and long-term health-care concerns, many countries in the ESCAP region have developed long-term plans and policies to deal with ageing. National mechanisms have been put in place to oversee the development and implementation of projects and programmes related to ageing. The ESCAP report also noted that countries in the region with higher levels of socio-economic development were ahead of other countries in taking proactive measures on ageing. Inadequate allocation of funds and difficulties in acquiring expertise and knowledge continue to hinder Governments' efforts to develop more effective interventions to meet the growing demands of ageing societies. Currently, income security in old age, raising public awareness about the benefits of active ageing, and intergenerational solidarity preoccupy policy agendas on ageing in the majority of countries in the region.

8. Increasing awareness of ageing issues has also prompted many Governments to involve major national stakeholders in partnerships and enhance the effectiveness of joint efforts at all levels in tackling challenges brought by ageing. Many of the countries in the region are actively seeking collaboration with civil society organizations in preparing their national reviews and appraisals of the Madrid Plan of Action. Such collaboration and increased transparency help to link and bolster the value of bottom-up participatory approaches to the evaluation of the Madrid Plan. In fact, nearly half of the countries surveyed by ESCAP reported carrying out comprehensive analyses by using participatory tools such as client satisfaction surveys and focus groups research.

9. While Governments in the region are increasingly recognizing population ageing as a development issue, the record of mainstreaming ageing concerns in development agendas at the country level is mixed. Some of the difficulties encountered in mainstreaming ageing issues could be attributed to the lack of sufficient funds, inadequate training for implementation of programmes, and limited interdepartmental cooperation. When Governments began to accord higher levels of policy attention to ageing over the past five years, the need to mainstream ageing

into development policy areas in alignment with regional and global norms and standards became more obvious. For example, the Government of China included modalities for mainstreaming ageing concerns in the Tenth National Five Year Development Plan on Ageing, 2001-2005. Overall, in countries with higher levels of economic growth or affluence, good progress was achieved in mainstreaming ageing in development policies and creating supportive environments for active ageing.

10. The Economic Commission for Europe (ECE) organized the 2007 Ministerial Conference on Ageing from 6 to 8 November 2007 in León, Spain, which produced an overview of the ageing situation in the UNECE region and led to the adoption of a Ministerial Declaration. An expert group was formed to provide expert policy advice and assistance to an intergovernmental preparatory committee of the Conference. Representatives of non-governmental organizations (NGOs) were active in the Preparatory Committee and contributed to the draft Ministerial Declaration. A Civil Society Forum and a Research Forum on Ageing took place in León on 5 November 2007.

11. A preliminary "Summary report on the implementation of the Madrid International Plan of Action on Ageing in the UNECE region" was issued (ECE/AC.30/2007/4), which summarizes ageing-related policy activities and highlights priority areas. States members of the ECE region reported on a variety of policy-related actions with regard to each of the 10 commitments of the Regional Implementation Strategy adopted in 2002 at the UNECE Ministerial Conference on Ageing in Berlin. Countries in the region have been innovative in responding to demographic ageing, mostly by adopting age-specific policies, for instance, in the areas of age discrimination; age-adequate infrastructure; economic, political, social and cultural participation and integration of older persons; adjusting social protection and health-care systems; promotion of lifelong learning; and supporting caregivers as well as strengthening long-term care systems. Although a majority of countries follow a holistic approach in their ageing policies, none mentioned specific efforts to mainstream ageing into other policy fields (ibid., para. 3). Meanwhile, mainstreaming across all policy areas at the local, national and international levels was identified by numerous countries as a major priority for ageing in the region during the next 5 to 10 years. Within the ECE region Germany, Malta, Portugal, Serbia and Switzerland reported having used specific participatory elements during the review and appraisal process. In addition, the vast majority of countries report strong involvement of civil society actors in the policy formulation process.

12. The Economic Commission for Latin America and the Caribbean (ECLAC) organized the Second Regional Intergovernmental Conference on Ageing in Brasilia (4-6 December 2007). ECLAC sent a questionnaire to Member States on ageing-related issues and issued a "Methodological Guide for the Participatory Evaluation of Policies and Programmes within the Framework of the Regional Strategy for Ageing".[2] The Regional Strategy was adopted in 2003 following the Second World Assembly on Ageing.[3] The Second Regional Intergovernmental Conference reviewed progress in the implementation of the Regional Strategy and identified priority areas for application of the Regional Strategy for the Implementation in

[2] See http://www.eclac.org.

[3] See http://www.un.org/esa/socdev/ageing/impl_map.html.

Latin America and the Caribbean of the Madrid Plan of Action on Ageing in the next five years.

13. In the ECLAC region there were several successful examples of participatory evaluation of the Madrid Plan of Action. Argentina performed a bottom-up evaluation of the national programme for home care. The National Council of Human Rights of Older Persons in Brazil used a participatory process in the workplan to implement the "Law of human rights of older persons" (*Estatuto do Idoso*). Panama included a participatory approach to the national policy on ageing. Other countries drafted their national report on implementation of the Madrid Plan of Action and the Regional Strategy with participatory methodology (Bolivia, Panama and Peru). Bolivia, Colombia and Peru developed a participatory evaluation of implementation of the Madrid Plan with the support of NGOs.

14. The Economic Commission for Africa (ECA) organized an Expert Group Meeting on Ageing in Addis Ababa on 19 and 20 November 2007. A number of selected countries — Cameroon, Ethiopia, Ghana, Mauritius, South Africa, Uganda and the United Republic of Tanzania — were invited to attend and present country review and appraisal reports. The focus of the meeting was on receiving and deliberating on the contents of the "2007 Report on Ageing in Africa" produced by ECA; conducting an in-depth exploration of selected topics on ageing in Africa; receiving and discussing country review and appraisal reports; and charting the way forward.

15. In the context of mainstreaming ageing in the ECA region, the United Republic of Tanzania incorporated several cross-cutting issues pertaining to older persons and ageing in its National Strategy for Growth and Reduction of Poverty, which covers the period 2005-2010. Uganda set up a cross-ministerial, multi-sector working group consisting of representatives of the Ministries of Gender, Labour and Social Development; Agriculture; and Finance Planning and Economic Development, as well as two local NGOs. The task of the group is to mainstream ageing into health and nutrition policy.

16. In 2002, in the lead-up to the Second World Assembly on Ageing, the Economic and Social Commission for Western Asia (ESCWA) adopted the Arab Plan of Action on Ageing to the Year 2012.[3] To mark the five years since the adoption of the Madrid Plan of Action, ESCWA organized a regional seminar in Amman on 20 and 21 November 2007. Besides reviewing the findings of country situations, the seminar took stock of regional experiences, identified good practices of implementation activities and priorities for the future, and adopted relevant recommendations.

III. Salient trends and responses to challenges and opportunities of ageing

A. Income security

17. As the number of older persons worldwide continues to grow, income security and pensions have become a key issue, but not only in developed countries where pension reforms have been under way for some time. As both the speed of ageing and the number of older persons in developing countries are starting to be

acknowledged in development circles, income security measures have come to the fore in those regions too, even though economic reforms in most developing countries have largely missed the income security requirements of older persons. It has become clear that other persons cannot rely solely on traditional family support measures in their old age; in fact, income insecurity is rising among the old. Even where pension coverage exists, rarely are these pensions indexed to inflation, coverage is low, and the level of the pension is woefully inadequate to cover even immediate needs of the retirees, particularly those who live alone and older women.

18. In response, Governments are taking a variety of approaches to develop social insurance coverage and implementing, when financially possible, non-contributory benefits or social pensions for older people. With nearly 80 per cent of older persons in developing countries lacking adequate income security, and with the majority of them without coverage in the informal sector, the development of programmes that complement traditional forms of security in old age provided by family or community becomes more urgent.[4]

19. Debates on expanding social protection programmes in developing countries continue and arguments in favour of its feasibility and benefits have gained more support. It is already clear that along with access to health care, income security and anti-poverty measures for older persons are the most important issues under discussion in nearly all developing countries and countries in transition. To increase the effectiveness and efficiency of relatively small public budgets in attaining these and older key social priorities, Governments are considering instruments that can improve the well-being of young and older generations rather than focusing on one particular group. Indeed, the Declaration from the Group of Eight Summit held in Germany, in June 2007, stated that "... social protection is an investment in a country's economic future and a cost-effective way of fighting poverty".[5]

20. Many in the development community have seen that increasing economic growth rates by themselves do not translate into lower poverty rates or increased social insecurity. For example, since the movement towards fully funded pension schemes during the late 1980s and early 1990s in Latin America, there are now even fewer workers covered by social protection because of the transformations that have taken place in labour markets. Fully funded pension funds have engaged mostly salaried workers. At the same time there is a greatly expanded uninsured informal sector workforce that accounts for approximately 47 per cent of the urban labour force in the region.[6]

21. However, donor policies that still insist on the containment of social spending continue to be common in countries experiencing donor dependency.[7] Arguments that the expansion of social protection systems beyond the civil service in developing countries is unaffordable still abound. There is evidence that even traditional social insurance schemes for civil servants and other salaried workers

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[4] *World Economic and Social Survey 2007: Development in an Ageing World* (United Nations publication, Sales No. E.07.11.C.1), p. 89.

[5] G-8 Summit Declaration "Growth and Responsibility in the World Economy" (7 June 2007), para. 28.

[6] United Nations Research Institute for Social Development, Conference News: Financing Social Policy (Geneva, 2007).

[7] "Issues in Social Protection. Social security for all: investing in global social and economic development. A consultation." ILO Discussion Paper 16 (Geneva, 2006).

that are pay-as-you-go and administered by Governments are being negatively impacted by the increase in dependency rates and out-migration. The latter is reducing contributions from active workers who are seeking higher relative salaries in jobs abroad. Out-migration is further accelerating the increase in dependency rates of pay-as-you-go systems. Governments should explore the portability of pension schemes among migrant workers and the feasibility of creating life insurance mechanisms and other forms of long-term savings for retirement that can be paid directly through remittances.

22. The International Labour Organization (ILO) argues that the issue of the "affordability" of systems obscures the benefits of social insurance, and that the granting of a pension of $1 per day would be the equivalent of less than 1 per cent of GDP in 2005 for 66 out of 100 developing countries.[7] The ILO 2009 International Labour Conference will take up this issue further with a discussion on developing effective plans of action to promote policies and strategies to ensure active, decent and secure old age.

23. In an effort to spearhead research and increase discussion on this important issue, the ILO launched a Global Campaign for Social Security and Coverage for All. This campaign is helping to change the development discourse by treating social security broadly understood, as both a human right and a necessity for an efficient market economy that brings social stability, economic development and social cohesion. This campaign includes the call for a "global security" floor which would include the development of a system of basic universal pensions for old age.[8] The number of bilateral agencies supporting the use of social insurance as a development tool is growing and includes the Department for International Development of the United Kingdom of Great Britain and Northern Ireland and the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) of Germany.

24. There is a mounting body of evidence that points towards social pensions (both universal and means-tested) promoting social cohesion, intergenerational relationships and poverty reduction benefits to whole families, not only older persons. Such pensions in Argentina, Bangladesh, Bolivia, Botswana, Mauritius, Namibia and South Africa are now well known, and more Governments in developing countries are considering similar programmes.

25. In that context, Cambodia is looking at the possibility of creating a special social security fund for those working in the informal sector, such as farmers and independent professionals.[9] China, which is arguably confronting a myriad of problems in the provision of economic security for older persons owing to the sheer number of older persons, the size of the country and the prevalence of rural poverty and informal market activities, is creating a number of approaches. For example, China has gradually established a basic uniform old-age insurance system that covers all employees in urban areas; 188 million people were participating in the scheme by the end of 2006. The Government is also developing supplementary old-age insurance with contributions to annuities by both business and employees. In rural areas, where 60 per cent of older persons live, meeting the financial needs of older persons is more difficult. While the Government still emphasizes the role of family and land in providing for older persons, it is also studying the wider

[8] *International Social Security Review*, vol. 60, No. 2-3 (April-September 2007).

[9] ESCAP, High-level Meeting on the Regional Review of the Madrid International Plan of Action on Ageing, Macao, China, 2007: report of the Government of Cambodia.

establishment of old-age security systems in rural areas. There are already some ad hoc developments. By the end of 2006, 1,900 counties in 31 provinces, autonomous regions and municipalities had established their own old-age social insurance systems, which currently reach more than 53.74 million farmers.[10] Viet Nam introduced a voluntary pension scheme for informal sector workers in 2006. On the other hand, insufficient data and lack of administrative capacity, along with limited fiscal resources, make it difficult for some countries to even consider such programmes. What is clear is that what is feasible in one country may not transfer well to another and that, as with all policies, individual solutions must be crafted to take account of national realities.

B. Intergenerational solidarity and care provision

26. Given the general context of population ageing, as well as changes in family structure, there has been an increasing need of care, including long-term care for older persons. The issue of intergenerational solidarity figures prominently in this regard. Changes in family composition towards the pre-eminence of the nuclear family have impacted conditions of intergenerational interdependence and care arrangements within families which have traditionally played the role of caregiver to family members at different stages of their lives.

27. Recent public debate has been centred on the provision of care to older persons and the quest for the best solutions in this area. However, older people should not be seen only as dependent and passive care receivers. They play an important role within their families and communities providing vital care to younger generations as well as other dependants, including other older persons. Older people continue to participate actively in family dynamics and in negotiating generational responsibility and support. Understanding these dynamics as well as the needs and resources of individuals, families and communities, is crucial for ageing policies that take an intergenerational dimension into account.

28. In countries with insufficient provision of public care, family remains the most important source of support, as in sub-Saharan Africa where the HIV/AIDS epidemic has orphaned many children, leaving them in the care of their grandparents. In developing countries especially, it is important to strengthen social protection schemes and to review and revise policies relating to pensions and benefits for older persons to fulfil the intergenerational contract. But even in countries with generous welfare provisions intergenerational solidarity remains strong.[11] However, even being willing to provide the necessary care is not always enough because family caregivers often need support from integrated formal care services.

29. Intergenerational solidarity finds its expression not only within the context of the family, but also in larger communities among non-familial members. Interactions between these two dimensions are complex and depend on a multitude of factors. Research has demonstrated that positive attitudes and contacts between generations within families do not necessarily lead to intergenerational solidarity

[10] ESCAP ...: report of the Government of China.

[11] See Daatland, S. O. and Lowenstein, A. (2005), "Intergenerational solidarity and the family-welfare state balance", *European Journal of Ageing*, vol. 2, No. 3, pp. 174-182.

within communities.[12] Though intergenerational solidarity may appear natural and result from altruism or good will, bonds between different generations must be created and promoted intentionally.

30. In many countries community is an important source and generator of intergenerational solidarity initiatives. In countries where volunteering is encouraged in schools, volunteer programmes include intergenerational contacts and provide daily care to older persons. Volunteering is also a choice of many older persons willing and able to assist in their community by participating in educational programmes or taking care of children. Intergenerational programmes allow efficient use of community resources and help to eliminate negative consequences of isolated living. This is an important issue in rural areas, where older persons often live alone because of the migration of their children and family members to urban areas and other countries in search of economic opportunities.

31. Intergenerational initiatives exist in many countries but are often the result of local community arrangements rather than specific public policies. Examples of these initiatives include programmes targeting residential arrangements, joint educational programmes, home visits and other services. Care is one of the areas providing various opportunities for intergenerational programmes where individuals of all ages have a role to play. Intergenerationally shared housing is an example of innovative programmes linking generations in residential communities where geographical proximity can create complementary possibilities for intergenerational exchange. Older people provide daycare or wrap-around school care, while the older care programmes provide adult day services, assisted living, or nursing home care. Studies have emphasized the positive effects of these programmes on the overall well-being of all generations while also being cost-effective.[13]

32. The importance of developing and strengthening intergenerational solidarity was stressed in the Madrid Plan of Action, where it was noted as the key element necessary for building societies for all ages where each generation might enjoy equal rights and opportunities. Promoting an intergenerational dimension in policymaking enhances social cohesion and links between generations. An overall intergenerational approach does not call for supplementary resources but rather for a better allocation of existing resources and cross-effectiveness of policies.

33. The Madrid Plan affirms that effective care for older persons should integrate physical, mental, social, spiritual and environmental factors and that family caregiving needs to be strengthened and reinforced by public policy. The Madrid Plan also notes the importance of having a continuum of affordable care options, from family to institutional, and of encouraging the participation of older persons in assessing their own needs and monitoring service delivery.

34. While the institutionalization of older persons should be avoided as a pre-eminent policy option, it should not prevent policymakers from planning for an increasing demand for care for older persons in the coming decades.

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[12] Harwood, J., Hewstone, M., Paolini, S., and Voci, A. (2005), "Grandparent-grandchild contact and attitudes toward older adults: Moderator and mediator effects", *Personality and Social Psychology Bulletin*, No. 31, pp. 393-406.

[13] For example, Jarrott, S. E., and Bruno, K. (2007), "Shared site intergenerational programs: A case study", *Journal of Applied Gerontology*, No. 26, pp. 239-257; Larkin, E., and Newman, S. (2001), "Benefits of intergenerational staffing in preschools", *Educational Gerontology*, No. 27, pp. 373-385.

35. Interesting examples of national care policies exist in Japan and Germany, two of the demographically oldest countries in the world. Each has taken various approaches to introduce laws and programmes aimed at facilitating care and caregiving and both have instituted compensation for family caregivers to support ageing in place.

36. In Japan, promoting individual independence is critical, and support is provided to families to facilitate that. One way this is done is through measures that prevent the institutionalization of older persons. Japan has introduced a long-term care insurance plan, under which systematic improvements have been made to ensure a high-quality care service infrastructure that responds to the needs of older persons who require care. Efforts have included the training of those providing home-based services, such as home helpers, and the development of nursing care-related facilities such as special nursing homes. In addition, amendments to the long-term care insurance law include a range of measures to effect a shift in the existing nursing care system to make it prevention-oriented, a review of the accommodation and meal fees paid by nursing home residents, the establishment of a new service system, and improvement in quality of care service.

37. In response to increasing numbers of older persons in need of care, the Parliament of Germany adopted a long-term care insurance scheme which entered into force in January 1995. The insurance is mandatory, with monthly contributions shared equally by employers and employees, and covers services expected to be needed for six months or more. The need for various levels of activities of daily living are considered when assessing need, e.g. mobility, personal hygiene, meals and housekeeping. The programme allows for informal care at home, ambulatory services at home, partial institutionalization and full institutional care. The Government however, encourages home care over institutionalization. Beneficiaries can select from among three types of services that have different payment systems: (a) cash payments to informal caregivers; (b) formal care services at home (payments made directly to care providers); and (c) institutional care services (payments made directly to care facilities). The Ministry of Health, which administers long-term care insurance, projected that more than 3 million persons will be in need of care by 2040.

38. In general, policy efforts and public relations campaigns should focus on reducing the need for care through the promotion of healthy lifestyles. Care is however an inevitable need, and systems should be established to meet the increasing demand for care worldwide. Since most people prefer to remain in their accustomed environment, ageing in place, facilitated by measures such as those mentioned above should be the primary objective. Formal ambulatory care arrangements as needed should complement the services of informal caregivers. High-quality institutional care should be available when informal and ambulatory care becomes insufficient for meeting the needs of older persons. It is obvious that not all countries around the world have the capacity to provide such a range of care options. However, since all countries have adopted the Madrid Plan of Action, efforts towards an improvement in the situation of older persons in need of care should be expected.

C. Human resources development in health care

39. Access to old-age health care is a key concern in all regions. Building the capacity of the supply of skilled workers is an urgent issue in some regions and

countries. In addition, there are two main aspects with regard to human resources capacity and development that are associated with demographic ageing: (a) an epidemiological transition signifying a shift from communicable diseases which tend to affect younger persons to chronic non-communicable diseases which affect older persons more; and (b) a shortage of trained personnel.

40. With demographic ageing happening faster and over a shorter period of time than it did in developed countries, along with a health-care system that is already lacking in human resource skills and funding, developing countries will face the double burden of addressing the health-care needs of a large young population and the growing needs of older persons. The shift in the types of illnesses that affect older persons means changes in health-care services, and hence the human resource skills that are needed, as well as the focus of medical research.

41. There is an acute lack of even basic gerontological and geriatric training for health-care and social/home aide workers in developing countries. In many countries, physicians still receive no gerontological or geriatric training at all. Even in some developed countries specialist medical geriatricians are in short supply. In many developing countries, but particularly in Africa, basic training courses are urgently needed to sensitize medical and social personnel to the particular needs of older persons. A coordinated effort to address this problem could increase the effectiveness of health-care provision for older persons.

42. There is also the increasingly acute shortage of health and home-care workers because of their emigration from developing to developed countries. Developing countries are experiencing a manpower shortage owing to, among other things, the low pay for the demanding work of health and home-care workers, and the lack of adequate medical supplies. In addition, the brain drain in the medical care profession from developing to developed countries for economic gain exacerbates the already challenged health-care systems in developing countries.[14]

43. Nevertheless, many developing countries have taken important steps to meet the human resources needs for care of older persons. For example, in Sri Lanka, in one pilot project, the caregiving capacity of the family has been improved through trained health volunteers, and under another project, a group of community health nurses has been established with responsibility for care of older persons.[15] In Cambodia, the Ministry of Health has organized training programmes on the basics of quality health care for older persons to provide geriatric skills to public health workers in hospitals and health centres. Furthermore, these health workers will themselves train village health support groups. The Government of Myanmar provides training to basic health staff at rural health centres so they are able to identify the underlying causes of illness that face older persons.[16] In Australia, the Government is taking a comprehensive approach to increase the quality of service provided by care workers, as well as to increase their numbers by providing incentives. This approach includes training to upgrade the skills of care workers, nursing scholarships to encourage more people to take up aged-care nursing and improve career paths, and aged-care worker support to assist those working in small

[14] *World Economic and Social Survey 2007: Development in an Ageing World* (United Nations publication, Sales No. E.07.11.C.1), p. 124.

[15] ESCAP, High-level Meeting on the Regional Review of the Madrid International Plan of Action on Ageing, Macao, China, 2007: report of the Government of Sri Lanka.

[16] ESCAP ...: report of the Government of Myanmar.

facilities or remote locations to upgrade their skills and to encourage more people to work in rural and remote areas.[17]

44. In developing countries, as the number of older persons continues to rise and traditional family support and living arrangements continue to weaken, human resources development to increase the number of skilled workers in the health and age-care industry will become more important.

D. From research on ageing to policy action

45. A review of goals, objectives and recommendations of the Madrid Plan of Action, as well as commitments of the Madrid Declaration, reveals the need for a better understanding of the relations between research, policy and social activity in the realm of ageing. In article 11 of the Political Declaration[18] of the Madrid Assembly, Government representatives emphasized the role of international research on ageing and age-related issues as an important instrument for the formulation of policies on ageing.

46. The Madrid Plan identifies research activities and national data collection and analysis for policy planning, monitoring and evaluation as crucial elements of the national implementation process. At the international level, the exchange of researchers and research findings and data collection is listed as one of the priorities for international cooperation on ageing. Evidence-based decision-making is an essential principle of social policy and practice.

47. The interaction between research and policy is a complex process. While policymakers have a powerful interest in enhancing links between research and policy action, numerous external factors determine the content and outcome of research-policy relations. For example, international policy processes, such as efforts to achieve the Millennium Development Goals and formulation of the Poverty Reduction Strategy Papers, serve to focus research in certain areas, almost to the exclusion of many other issues. Other global influences such as the agendas of international donors are particularly felt in developing countries, where they often provoke concerns regarding host country ownership, alignment with local priorities, and legitimacy of policy-related research, particularly when decisions are taken outside the host country.

48. The availability of reliable and timely data disaggregated by age, sex, socio-economic status and health status is crucial for evidence-based policy formulation and programme planning, monitoring and evaluation, and remains an urgent requirement and an ongoing challenge for policy development in the area of ageing. At the same time, evidence-based policy action involves much more than simply securing the availability of data. Quantitative and qualitative analysis of collected information from different viewpoints is equally important. Evidence-based decision-making requires research that is credible, topically relevant and operationally useful and is capable of demonstrating the value of new options.[19]

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[17] ESCAP ...: report of the Government of Australia.

[18] *Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002* (United Nations publication, Sales No. E.02.IV.4), chap. I, resolution 1, annex I.

[19] "Bridging Research and Policy in International Development: An Analytical and Practical Framework", RAPID Briefing Paper 1, October 2004 (www.odi.org.uk/rapid).

Such evidence should be free from personal interest, vested interest, or belief.[20] In addition, research findings have to be appropriately presented and thoughtfully communicated to end-users, primarily policymakers, as well as the general public, through an interactive participatory approach. At the same time, the policy process also needs the active participation of stakeholders — the people that will be affected by the policy.

49. However, a better knowledge on ageing — in terms of gerontological research or ageing-related policies — will not automatically create better lives for older persons. To achieve this, the accumulated research evidence must be translated into policy action by government and its partners in civil society. Research evidence has to be supplemented with evidence of societal capacity to address and complete the tasks of adjusting to an ageing world. Appropriately designed mechanisms of policy implementation of age-related policies are vital but often are lacking at the national level.

50. It is equally important to weigh political realities to gain insight into how the public, politicians and media will react to policies aimed at adjusting to an ageing society, because this can help or hinder the success of any policy action. The areas of research, societal capacity and political evidence have to be advanced simultaneously and the obtained knowledge delivered to policymakers in forms they can understand and use so that rhetorical commitments can lead to practical engagement. Advocacy as well as innovative social policy partnerships remain crucial in this regard.

51. Meanwhile, the reality is that research and policy are often disconnected at different levels — the global, regional and national — and communication between policymakers, practitioners and researchers is poor. The result is lack of coordination between the strategic directions of policy and priorities of research. The lack of communication between policymakers and researchers can also be attributed to their different agendas, time horizons and reward systems.[21] The world of research on ageing is also fragmented and there is little evidence of a cohesive approach to defining overall strategies and linking priorities.

52. In order to bridge the gaps between policy and research, and simultaneously provide a framework for consolidation of global studies of ageing, the United Nations Programme on Ageing and the International Association of Gerontology and Geriatrics have developed a Research Agenda on Ageing for the Twenty-first century. The ultimate goal of the Research Agenda is to support evidence-based implementation of the Madrid Plan of Action. In more general terms, the Research Agenda attempts to overcome fragmentation and isolation of research and policy development.

53. A two-pronged approach is needed to improve the evidence-based policy action on ageing: strengthening national capacity and improving international

[20] "What Counts? Interpreting evidence-based decision-making for management and policy", Report of the sixth Annual Workshop of the Canadian Health Services Research Foundation, Vancouver, B.C., 2004.

[21] Nutley, S. (2003) "Bridging the Policy/Research Divide: Reflections and Lessons from the UK", Keynote Paper at the National Institute of Governance Conference, "Facing the Future: Engaging stakeholders and citizens in developing public policy", Canberra, 23 and 24 April 2003. Quoted from: Sophie Sutcliffe and Julius Court, "A Toolkit for Progressive Policymakers in Developing Countries", Overseas Development Institute, 2006.

cooperation in the area of policy research on ageing. International technical assistance to support the development of national capacity on ageing has to improve evidence-based policymaking along with the strengthening of institutional capacity in partner countries. International research partnerships should promote an exchange of experiences and instruments among researchers, research funding agencies, and policymakers. In practical terms, it is necessary for policymakers, researchers and practitioners to identify measures for collaborative links between research and policy development and for consolidation of policy-related research on ageing. Such measures could be identified at regional meetings of researchers and policymakers, as was suggested in the conclusions and recommendations of the Research Forum on Ageing convened in León, Spain, on 5 November 2007, before the UNECE Conference on Ageing.

E. Age-friendly environment

54. Two demographic processes — population ageing and urbanization — have both accelerated over the last several decades. As of 2007 over half of the population worldwide lived in cities. The global urban population is forecasted to further increase, and by 2030 about three out of every five people in the world will live in cities, and in developing countries there will be almost four times as many urban dwellers as in developed countries.

55. The proportion of the older people residing in cities in developed countries matches that of younger age groups at about 80 per cent and will rise at the same pace. In developing countries, however, the share of older people in urban communities will multiply 16 times from about 56 million in 1998 to over 908 million in 2050. By that time, older people will comprise one fourth of the total urban population in developing countries.

56. A positive example of participatory bottom-up evaluation of age-sensitive policies is the recent initiative put forward by the World Health Organization (WHO) and reflected in the publication entitled *Global Age-friendly Cities: A Guide* (Geneva, 2007). To assess the quality of life of older persons residing in urban environments, focus groups were set up in 33 cities with people aged 60 years and older from lower- and middle-income areas. Although older people were the main source of information in all the 33 cities that conducted focus groups, this information was complemented by focus groups of caregivers. Most cities also conducted focus groups with service providers from the public, voluntary and commercial sectors. Focus group participants reported several examples of age-friendly practices in their cities.

57. While the Guide is aimed primarily at urban planners, older citizens can also use it to monitor progress towards more age-friendly cities. At its heart is a checklist of age-friendly features. For example, to promote city walking and enjoying urban green spaces, an age-friendly city has sufficient public benches that are well-situated, well maintained and safe, as well as sufficient public toilets that are well indicated, clean, secure, and accessible to persons with disabilities.

58. A total of eight areas were explored in the focus group discussions to give a comprehensive picture of each city's age-friendliness. The topics cover the features of the city's structures, environment, services and policies that reflect the determinants of active ageing. The areas were transportation, housing, social

participation, respect and social inclusion, civic participation and employment, communication and information, community support and health services, and outdoor spaces and buildings.

59. The WHO Guide is an example of the few good practices of participatory involvement of older persons in policy planning. By covering essential urban issues and by taking seriously the opinions of older persons regarding these various issues, Governments will be in a position to draft policies that truly reflect the needs of older persons. At the same time such policy planning provides a good example of mainstreaming the concerns of older persons into urban planning that will be beneficial for a variety of urban dwellers of different age groups, embracing the concept of intergenerational solidarity.

60. Examples of developing rural age-friendly environments are rare as the focus is often placed exclusively on major cities. The needs of older persons living in rural areas are, however, similar, if not greater. Access to affordable and dependable transport remains the main challenge for rural elderly. Likewise, lack of access to electricity, sanitation and other community services, as well as a severe deficit of geriatric services, may be a major issue for older persons, particularly the frail elderly. Additional difficulties are faced by older persons who have been left behind by migrating family members. Overall, the low levels of income and lack of a supporting infrastructure in rural areas intensify the feeling of marginalization and social exclusion of older persons. In this light intergenerational solidarity and support remain particularly significant. Ensuring access to basic health and social services and connecting rural older persons with the larger economy and society should be a focus of government policy for rural and remote areas.

IV. Planning for the future: conclusions and recommendations

61. The first cycle of the review and appraisal of the Madrid Plan of Action is geared to assessing the progress achieved and the obstacles encountered in implementing the Plan's recommendations. Equally important is that the review and appraisal exercise will include an analytical component which can reveal the major trends in international policy action on ageing, diagnose missteps and collect replicable good practice.

62. The General Assembly at its sixty-second session[22] has specified the nature and content of the analytical follow-up to the first cycle of the review and appraisal by requesting the Secretary-General to submit to the Commission for Social Development at its forty-seventh session a strategic implementation framework based on an analysis of national activities since 2002. Such a framework would identify policy priorities for the future as well as measures for international cooperation to support national implementation activities. **The Commission for Social Development may wish to invite Governments and all other major national and international stakeholders to continue their cooperation with the Department of Economic and Social Affairs of the Secretariat, as the United Nations global focal point on ageing, in implementing the Madrid Plan of Action, including through substantive contributions to the development of the strategic implementation framework. The Commission for Social Development**

[22] See A/62/432, para. 46, draft resolution V.

may wish to request the Secretary-General, in preparing the strategic implementation framework for furthering the implementation of the Madrid Plan of Action, to consult Governments, intergovernmental organizations, including the organizations of the United Nations system, academia and non-governmental organizations on the substantive and practical content of the framework.

63. The initial contribution in fulfilling the tasks outlined by the General Assembly and the Commission for Social Development was made by Member States at the beginning of their national reviews and appraisals when they, in response to Commission for Social Development resolution 44/1, identified actions they had taken since the Second World Assembly on Ageing, as well as specific areas for in-depth participatory inquiries using a bottom-up approach.

64. Regional priorities, along with the analysis of emerging issues and responses, have been identified in the regional conferences held within the context of the first cycle of the review and appraisal. Thus the national and regional phases of the first cycle are envisaged to provide core analytical information for the formulation of the strategic implementation framework. Significant inputs could emanate from independent review and appraisal exercises undertaken by civil society, including academia and NGOs.

65. A crucial contribution to the elaboration of the strategic framework will be provided by the Commission for Social Development at its forty-sixth session in 2008, where, in accordance with Commission resolution 45/1, Governments and other major stakeholders will organize parallel and satellite events, including panel discussions, seminars and round tables, to explore the findings of the review and appraisal exercise and to promote future priorities for implementation of the Madrid Plan of Action.

66. The bodies and organizations of the United Nations system have actively participated in the implementation of the Madrid Plan of Action and the first cycle of its review and appraisal by providing substantive input into the implementation process, as well as by offering technical assistance to Governments in strengthening their national capacity on ageing. In addition, the regional commissions played a central role in consolidating, during various regional events such as regional conferences, the findings of national reviews and appraisals. It is therefore essential that the United Nations system continue to participate in the global implementation efforts, including contributing to the elaboration of the strategic implementation framework. **In this connection, the Commission for Social Development may wish to request the Secretary-General to consider the necessary measures to improve the institutional capacity of the United Nations system, including, inter alia, the maintenance and strengthening of focal points on ageing, to fulfil their responsibilities for furthering the implementation of the Madrid Plan of Action and elaboration of the strategic implementation framework for the Plan.**

67. The preparation of the strategic implementation framework is therefore envisaged as a consultative process of receiving and analysing contributions from various stakeholders and development by the United Nations Secretariat of a draft document which would be reviewed and consolidated at a meeting of independent experts in 2008 and submitted to the Commission for Social Development at its forty-seventh session in 2009.

68. At this stage and until the conclusion of the first cycle of the review and appraisal exercise at the forty-sixth session of the Commission for Social Development in 2008, only general proposals can be made regarding the content of the strategic implementation framework. The future strategy document would include the analysis of the major findings of the first cycle of the review and appraisal, together with the identification of principal advancements, as well as obstacles encountered during the first five years of the implementation of the Madrid Plan of Action. Particular attention would be paid to detecting policies that work in different settings and developmental contexts and to revealing replicable good practices. The implementation framework would also identify major prevailing trends on ageing and policy priorities to respond to the new and continuing challenges and opportunities of population and individual ageing.

69. It should be emphasized that the future strategic framework will not attempt to revise the Madrid International Plan of Action on Ageing, formulate new priority directions or establish new goals and targets. Instead, the strategy will strive to identify a specific focus for the next stage of the implementation process and propose viable policy measures to streamline the implementation of the Madrid Plan of Action towards the end of its first decade in 2012. In this regard, the strategic implementation framework should be viewed as a promotional document rather than a technical one.

70. Measures to improve technical cooperation on ageing should be a particular concern in the future implementation framework. The principal task of international cooperation on ageing is to direct the available, and often limited, resources to where they are most needed, particularly to developing countries and countries with economies in transition. Simultaneously, effective and efficient international cooperation, particularly technical cooperation, should strive to ensure that the international policy documents on ageing are being translated into practical programmes and projects with fruitful results. Viable arrangements for an international technical cooperation network should be based on the agreed principles of international policy documents and should ensure the ongoing reciprocal links between normative provisions and practical work in the field. **The Commission for Social Development may wish to emphasize that the strategic implementation framework should include proposals for improving international cooperation on ageing to support implementation of the Madrid Plan of Action.**